

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12301</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Robert A Mitchell</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1870 East 19th St</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44114</u>	4. Name, file number, and address of labor organization. Name <u>Betom Loria Bakery Tobacco</u> Labor Organization File Number <u>022-303</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1870 East 19th St</u> City <u>Cleveland</u> State <u>Ohio</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>Business agent and organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u>None</u> 7.b. Amount. <u>0</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert A Mitchell

On

8-11-05

Date

216-771-5386

Telephone Number

Name of Person Filing Robert A Mitchael File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bakers Local 19 CER Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1870 East 19th St
City Cleveland
State Ohio ZIP Code + 4 44114

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Bakers Local 19 CER Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1870 East 19th St
City Cleveland
State Ohio ZIP Code + 4 44114

11.a. Nature of such dealing.

Trust Handling Fund that I am a Participant in AND Trustee of.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner for staff at Trust Event out of town

12.b. Amount.

39.46

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.


0

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

95.54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.



Name of Person Filing Robert A Mitchael	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Key Bank**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **3601 Chester Ave**
City **Cleveland**
State **ohio** ZIP Code + 4 **44114**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Cleveland Bakers Teamsters**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **1870 East 19th St**
City **Cleveland**
State **ohio** ZIP Code + 4 **44114**

11.a. Nature of such dealing.

SPORTING EVENT

11.b. Approximate dollar value of such dealing.

132,648.5

12.a. Nature of interest held or income received.

**attendance at sporting
event for discussion about
custodian trust accounts**

12.b. Amount.

58.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

None

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment

0

Name of Person Filing Robert A Mitchell	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Bakers Local 19 CER Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1870 East 19th St</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Bakers Local 19 CER Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1870 East 19th St</p> <p>City Cleveland</p> <p>State Ohio ZIP Code + 4 44114</p>	<p>11.a. Nature of such dealing.</p> <p>Trust Handling Fund that I am a Participant in AND Trustee of</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner for staff at Trust Event out of Town</p> <p>12.b. Amount. 33.47</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>None</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>0</p>